## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. CGBODY1
APPLICANT(S) FILING DATE

CLAIMS

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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*
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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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